

CONSUMER/CLIENT NAME: _____

EMPLOYEE NAME: _____

| PERSONAL CARE DUTIES: | Date Week of _____ - _____ Time In Time Out Hours Consumer/Client Initials | SUN | MON | TUES | WED | THUR | FRI | SAT |
|-----------------------|---|------|------|------|------|------|------|------|
| | | ____ | ____ | ____ | ____ | ____ | ____ | ____ |
| Bath | <input type="checkbox"/> Tub/Shower | | | | | | | |
| | <input type="checkbox"/> Bed Bath-Partial Complete | | | | | | | |
| | <input type="checkbox"/> Asst Bath Chair | | | | | | | |
| | <input type="checkbox"/> Bed Making, Change Linen | | | | | | | |
| Personal Care | <input type="checkbox"/> Assist with Dressing | | | | | | | |
| | <input type="checkbox"/> Hair care-Brush/Shampoo/Other | | | | | | | |
| | <input type="checkbox"/> Skin Care/Foot Care (Hygiene) | | | | | | | |
| | <input type="checkbox"/> Shave/Groom | | | | | | | |
| | <input type="checkbox"/> Nail Hygiene | | | | | | | |
| | <input type="checkbox"/> Oral Care | | | | | | | |
| | <input type="checkbox"/> Elimination Assist | | | | | | | |
| Activity | <input type="checkbox"/> Ambulation | | | | | | | |
| | <input type="checkbox"/> Mobility Assist | | | | | | | |
| | <input type="checkbox"/> Transfer | | | | | | | |
| | <input type="checkbox"/> Positioning | | | | | | | |
| | <input type="checkbox"/> Other: | | | | | | | |
| Meds | <input type="checkbox"/> Assist with preselected, self-administered meds | | | | | | | |
| Other: | <input type="checkbox"/> Meal Prep/Assist with Feeding | | | | | | | |
| | <input type="checkbox"/> Dishwashing | | | | | | | |
| | <input type="checkbox"/> Grocery Shopping | | | | | | | |
| | <input type="checkbox"/> Wash Clothes | | | | | | | |
| | <input type="checkbox"/> Light Housekeeping | | | | | | | |
| | <input type="checkbox"/> Dust, Vacuum, Mop | | | | | | | |
| | <input type="checkbox"/> Clean Bedroom | | | | | | | |

Please describe how you spent your time together today providing Personal Care, what hands on, direction, cues, or verbal prompts were offered as you supported the person to work towards their goals.

Consumer/Client Signature: _____ Date: _____
Employee Signature: _____ Date: _____